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 **Annexure C3**

# NOMINATION FORM

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| **BEST ENTREPRENEUR: SMALLHOLDER** **DAFF DALRRD WOMEN ENTREPRENEUR AWARDS 2025**  |
| Western Cape Department of AgriculturePrivate Bag X1, Elsenburg, 7607 |
| Tel: Email: (Details of District Manager / District Coordinator) |

## SECTION 1

**Personal Information:**

|  |
| --- |
| Name of the enterprise (e.g Luthando LTD)  |
| Name of owner: (e.g Ms Noluthando Maseko)  |
| Job title of nominee:  |
| Physical address:  |
| ID (Attach copy) :  |
| Postal address:  |
| Banking details :  |
| Contact numbers and e-mail address for the owner: Contact number and e-mail address for a nominee:  |

## SECTION 2

**Enterprise Information:**

|  |  |
| --- | --- |
| 2.1. Type of enterprise:   2.2 Specialized commodity:  |  |
| 2.3 Background of the enterprise:  |  |
| **2.4 Legal requirements and corporate governance standards (Attach**  **Evidence)**  | **Please Tick**  |
| 2.4.1 Entity registration certificate  |   |
| 2.4. 2 Information on occupational health and safety matters (e.g. protective clothing)  |   |
| 2.4. 3 Unemployment Insurance Funds (UIF) records  |   |
| 2.4.4 Employment contracts, salary advises and leave records  |   |
| 2.4.5 Tax Clearance Certificate  |   |

## Section 3

**Farming Practices**

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| 2.5 Farming Methods: 2.5.1 Indigenous Knowledge Systems (IKS) 2.5.2 Use of new technology (Innovation) 2.5.3 Responsible use of production inputs (pesticides, fertilizers, vaccines, etc.)  |
| 3.2 Natural Resources Management: 3.2.1 Caring for natural resources, adaptation and mitigation to climate change  |

## SECTION 4

**Financial Management:**

Describe your recording keeping system citing the types of financial journals you keep (cash flow, enterprise budget, balance sheet etc.)

## SECTION 5

**Production:**

|  |
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| Demonstrate value chain standards: (e.g. HAACP, phytosanitary and health requirements)  Demonstrate labelling of ingredients: Demonstrate handling and packaging:  |
| **QUALITY OF PRODUCT AND QUANTITY OF PRODUCE**  |
| **Produce**  | **Quality**  | **Quantity**  |
|   |   |   |
|   |   |   |
|   |   |   |

## SECTION 6

**Marketing plan:**

|  |  |
| --- | --- |
| Mention the existing markets (indicate formal and informal local markets): Monetary value of the sales:  |  |
| **Produce**  | **Quality**  | **Price**  | **Total amount**  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

## SECTION 7

**Job creation:**

|  |
| --- |
|  **Number of permanent and seasonal jobs created**  |
| **Seasonal jobs created**  | **Permanent jobs**  |
| Persons with disability: Youth: Women:    | Persons with disability: Youth: Women:  |
| Sustainability of jobs created:    |  |

## SECTION 8

**Investment in human capital development**

|  |
| --- |
| Skills transfer (Mentoring, coaching and capacity-building programmes): Programmes focusing on staff well-being:      |
|   Contribution to community development:      |

**Name of Nominee:**

Signature: Date:

**Name of the Nominator (Extension Officer name):**

Signature: Date:

**Name of the District Manager:**

Signature: Date: